

BEST AVAILABLE COPY
ISSUE DATE STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	CJ	000001	11/14/99
O.I.P.E. CLASSIFIER	JH	59	11/15
FORMALITY REVIEW	Dex	88578	11/29/99 13/21/99

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
—	(Through numeral) Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Final	Original	Date
1	✓	✓	11/25/99
2			9/26/99
3			7/25/99
4			
5			
6			
7			
8			
9			
10			
11	✓	✓	✓
12	✓	✓	✓
13	✓	✓	✓
14	✓	✓	✓
15	✓	✓	✓
16	✓	✓	✓
17	✓	✓	✓
18	✓	✓	✓
19	✓	✓	✓
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41	✓	✓	✓
42	✓	✓	✓
43	✓	✓	✓
44	✓	✓	✓
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Claim	Final	Original	Date
51			7/25/99
52			7/25/99
53			
54			
55	✓	✓	✓
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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